

**FEC FORM 2**  
**STATEMENT OF CANDIDACY**

RECEIVED  
SECRETARY OF THE PUBLIC  
14 OCT -7 AM 11:51

1. (a) Name of Candidate (in full) Dan Sullivan		
(b) Address (number and street) 3705 Arctic Boulevard #447		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code Anchorage AK 99503-5774		2. Candidate's FEC Identification Number S4AK00214
4. Party Affiliation Republican		3. Is This Statement New (N) OR <input checked="" type="checkbox"/> Amended (A)
5. Office Sought Senate		6. State & District of Candidate AK 00

**DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE**

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2014 election(s).  
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) Sullivan for US Senate		
(b) Address (number and street) 3705 Arctic Blvd #447		
(c) City, State, and ZIP Code Anchorage AK 99503-5774		

**DESIGNATION OF OTHER AUTHORIZED COMMITTEES**


(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full) McFadden Ernst Cotton Sullivan Victory Fund (MECS Victory Fund)		
(b) Address (number and street) 901 N WASHINGTON ST SUITE 700		
(c) City, State, and ZIP Code Alexandria VA 22314-1535		

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate Dan Sullivan 	Date 09/29/2014
---	--------------------

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

--	--	--	--	--	--	--	--	--

# FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

FEC Form 2 (Rev. 02/2003)

Page 2 / 3

## DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ ADDITIONAL ]

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

FOUNDERS SENATE CANDIDATE COMMITTEE

(b) Address (number and street)

228 S WASHINGTON STREET SUITE 115

(c) City, State and ZIP Code

Alexandria

VA

22314-5404

## DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ ADDITIONAL ]

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Legacy Victory Committee 2014

(b) Address (number and street)

901 N Washington St., Ste 700

(c) City, State and ZIP Code

Alexandria

VA

22314-1535

## DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ ADDITIONAL ]

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Friends for an American Majority

(b) Address (number and street)

228 S. Washington Street  
Suite 115

(c) City, State and ZIP Code

Alexandria

VA

22314-5404

14020741228

# FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

FEC Form 2 (Rev. 02/2003)

Page 3 / 3

## DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)

[ ADDITIONAL ]

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

VICTORY TRUST 2014

(b) Address (number and street)

228 S WASHINGTON STREET SUITE 115

(c) City, State and ZIP Code

Alexandria

VA

22314-5404

## DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)

[ ADDITIONAL ]

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Cassidy Perdue Sullivan Tillis Victory Fund (CPST Victory Fund)

(b) Address (number and street)

901 N WASHINGTON ST SUITE 700

(c) City, State and ZIP Code

ALEXANDRIA

VA

22314

## DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)

[ ADDITIONAL ]

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Gardner Daines Sullivan Victory Fund

(b) Address (number and street)

901 N Washington Street  
Suite 700

(c) City, State and ZIP Code

Alexandria

VA

22314-1535

14020741229

PRESS FIRMLY TO SEAL

PRESS FIRMLY TO SEAL



1007

U.S. POSTAGE  
PAID  
ANCHORAGE, AK  
99530  
OCT 02, 14  
AMOUNT  
**\$19.99**  
00106757-06

**PRIORITY MAIL** ★  
**EXPRESS**™

TEST SERVICE IN THE U.S.

**SCREENED BY THE SENATE POST OFFICE**

INTERNATIONALLY,  
TOMS DECLARATION  
MAY BE REQUIRED.



Y 2013 OD:12.5 X 9.5



0001000006

WRITE FIRMLY TO MAKE ALL COPIES LEGIBLE.

**SCREENED BY THE SENATE POST OFFICE**

For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.  
\$100.00 Insurance Included.

**VISIT US AT USPS.COM®**  
ORDER FREE SUPPLIES ONLINE

**CUSTOMER USE ONLY**  
FROM: (PLEASE PRINT) PHONE: ( ) - -

**PAYMENT BY ACCOUNT (if applicable)**

**DELIVERY OPTIONS (Customer Use Only)**

- ☐ **SIGNATURE REQUIRED** Note: The mailer must check the "Signature Required" box if the mailer:  
1) Requires the addressee's signature. OR 2) Purchases additional insurance. OR 3) Purchases COD service. OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.
- Delivery Options**
  - ☐ No Saturday Delivery (delivered next business day)
  - ☐ Sunday/Holiday Delivery Required (additional fee, where available)
  - ☐ 10:30 AM Delivery Required (additional fee, where available)
- \*Refer to USPS.com or local Post Office for availability.

TO: (PLEASE PRINT)

PHONE: ( ) - -

**ORIGIN (POSTAL SERVICE USE ONLY)**

☐ 1-Day ☐ 2-Day ☐ Military ☐ DPO

PO ZIP Code Scheduled Delivery Date (MMDDYY)

Date Accepted (MMDDYY) Scheduled Delivery Time Insurance Fee COD Fee

Time Accepted ☐ AM ☐ PM 10:30 AM Delivery Fee Return Receipt Fee Live Animal Transportation

Weight ☐ Flat Rate Sunday/Holiday Premium Fee Acceptance Employee Initials Total Postage & Fees

**DELIVERY (POSTAL SERVICE USE ONLY)**

Delivery Attempt (MMDDYY) Time Employee Signature

Delivery Attempt (MMDDYY) Time ☐ AM ☐ PM Employee Signature

LABEL 11-B, JANUARY 2014 PSN 7690-02-000-9996 3-ADDRESSEE COPY



**UNITED STATES POSTAL SERVICE**

NANCY ERICKSON  
SECRETARY

DANA K. MCCALLUM  
SUPERINTENDENT

HART SENATE OFFICE BUIL  
SUITE 232  
WASHINGTON, DC 20510-7116  
PHONE: (202) 224-0322

# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED \_\_\_\_\_  
Date of Receipt

USPS FIRST CLASS MAIL \_\_\_\_\_  
Postmark

USPS REGISTERED/CERTIFIED \_\_\_\_\_  
Postmark

USPS PRIORITY MAIL \_\_\_\_\_  
Postmark  
DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL ☐

USPS EXPRESS MAIL \_\_\_\_\_  
Postmark

## OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION \_\_\_\_\_  
Date of Receipt

POSTMARK ILLEGIBLE ☐ NO POSTMARK ☐

FAX \_\_\_\_\_  
Date of Receipt

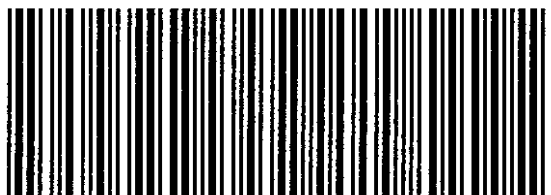
OTHER \_\_\_\_\_  
Date of Receipt or Postmark

PREPARER MN DATE PREPARED 10/7/14

14020741231



SEN PATCH



SEN PATCH

14020741232